FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

14/2157

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008

Expires: April 30, 2008
Estimated average burden
Shours per response... 16.00

SEC USE ONLY

Serial

DATE RECEIVED



Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Tenant in Common Interest in raw land-Kettering Road, Hernando County, Florida Filing Under (Check box(es) that [] Section 4(6) [X] Rule 506 [] ULOE [] Rule 504 Rule 505 apply): Type of Filing: [X] New Filing [] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.) **DBSI Kettering Road LLC** Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) 1550 S. Tech Lane Meridian, ID 83642 800-678-9110 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** Tenant in Common Real Estate THOMSON Type of Business Organization [] limited partnership, alreal AMCHA [X] other (please specify): corporation [] limited partnership, to be formed **Limited Liability Company** [] business trust Month Year Actual or Estimated Date of Incorporation or Organization: [03] [01] [X] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) ום זוו ז

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [X] [Managing Member	
Full Name (Last name DBSI Housing, Inc.	first, if individual)			***************************************		
Business or Residence 1550 S. Tech Lane, M		nd Street, City,	State, Zip Code)			
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[X] Executive Officer		General and/or Managing Partner	
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Business or Residence 1550 S. Tech Lane, M		nd Street, City,	State, Zip Code)			
Check Box(es) that Ap	ply: [] Promoter [] [Beneficial Own	er [X] Executive Offic		General and/or Managing Partner	
Fuli Name (Last name Hassard, Charles E.	first, if individual)					
Business or Residence 1550 S. Tech Lane, M		nd Street, City,	State, Zip Code)			
Check Box(es) that Ap	ply: [] Promoter [] [Beneficial Own	er [X] Executive Office		General and/or Managing Partner	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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Full Name (Last name first, if individual) Crown Capital Securities, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 725 Town & Country Road, Suite 530, Orange, CA 92868 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AL] x [DC] x $[AK] \times [AZ] \times$ [AR] x [CA] x [CO] x ІСП х [DE] x [FL] x [GA] x (HI) x (ID) x [IL] x [A]x[KS] x [KY] x [ME] x [MD] x [MN] x [MS] x [IN] x [LA] x [MA] x[MI] x [MO] x [MT] x $[NE] \times [NV] \times$ [NH] x [NJ] x [NM] x [NY] x [NC] x [ND] x [OH] x [OK] x [PA] x [OR] x $[SC] \times [SD] \times [TN] \times$ [RI] x [TX] x [V∏ x [PR] [UT] x [VA] x [WA] x [WV] x [WI] x [WY] x Full Name (Last name first, if individual) Cullum & Burks Securities, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) One Galleria Tower, Dallas, TX 75240 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)] All States [AL] x [AK] [AZ] x [AR] x [CA] x [CO] x [GA] x [CT] x [DE] [DC] [FL] x [HI] [ID] x [IL] x [IN] x [IA] x [KS] x [KY] x [LA] x [ME] x [MD] x [MA] x $[M]] \times$ [MN] x [MS] x [MO] x MTI x [NE] x [NV] x [NH] [NJ] x [NM] x [NY] x [NC] x [ND] x [OH] x [OK] x [OR] x [PA] x [RI] [SC] x [SD] [TN] x [TX]x[UT] x [VI][VA] x [WA] x [NV][WI] x [WY] [PR] Full Name (Last name first, if individual) **Direct Capital Securities** Business or Residence Address (Number and Street, City, State, Zip Code) 1333 2nd Street, Suite 600, Santa Monica, CA 90401 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [x] All States [AL] [AK] [AZ] [AR] [CA] [CO] CTI [DE] [DC] (FL) [GA] [HI] [ID] [IN] [IA] [KS] [KY] [ME] [LA] [MD] [MA] [MI] [MN] [MS] [MO] IMT [NE] [NV] [NH] [NJ] [MM] [NY] INCI [ND] [OH] IOKI IOR1 [PA] [RI] [SC] [SD] ILN1 IΤΧΙ [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Finance 500 Business or Residence Address (Number and Street, City, State, Zip Code) 19762 Macarthur Blvd #200, Irvine, CA 92612 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AL] x [AK] [AZ] x[AR] x [CA] x [CO] x [CT] x (DE) x IGA1 x [HI] x IDC1 x IFLI x fID) x [IL] x [IN] x [IA] x [KS] x JKY] x [LA] x [ME] x [MD] x [MA] x[MI] x [MN] x [M\$] x [MO] x [MT] x [NE] x [NV] x [NH] [NJ] x [NM] x [NY] x [NC] x [ND] [OH] x [OK] x [OR] x [PA] x [RI] x [SC] x [SD] x TNI x TXI x [UT] x [VI][VA] x [WA] x [WV] x[WI] x [WY]x[PR]

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			Address (e, MA 024		and Street	t, City, Sta	ate, Zip C	ode)						
Name	of Assoc	iated Bro	ker or De	aler			<u></u>					<u></u>		
					d or Inten		cit Purch	asers]] All State	es		
[AL]	[AK] x	[AZ]	[AR]	[CA] x	[CO] x	[CT] x	(DE)	[DC] x	[FL]	x [GA]	x [HI]	[ID]		
[IL] x	[IN]	[IA] x	[KS]	[KY]	[LA]	[ME] x	[MD] >					[MO]		
[MT]	[NE]	[NV] x	[NH]	[NJ] x	[NM]	[NY] x	[NC]	[ND]	[OH]			[PA] x		
[RI] x	[SC] x	[SD]	[TN] x	[TX]	x [TU]	[VT]	[VA] x	(AW]	([WV] [WI]	x [WY]	[PR]		

	me (Last Securiti			idual)								
	ss or Res 6 th Ave. S					t, City, Sta	ate, Zip C	ode)		<u> </u>		
Name	of Associ	ated Brol	er or De	aler		-						
					d or Inten		cit Purcha	asers		r] All State	s
[AL] x	[AK]	[AZ] x	[AR] x		[CO] x	[CT] x	[DE] x	[DC] x	[FL] x	[GA] x	[HI] x	[ID] x
[IT] X [∪c] v	[IN] x	[Æ] x	[KS] x	[CA] x	[LA] x	[ME] x	[MD] x	[MA] x	[M!] x	[MN] x	[MS] x	ן [MO] x
(יי∟) ^ [MT] x	[NE] x	[NV] x	[NH]	[NJ] x	[NM] x	[NY] x	[NC] x	[ND]	[OH] x	[OK] x	[OR] x	[PA] x
[RI] x	[SC] x	[SD] x	ניייון [TN] x	[TX] x	[UT] x	[VT]	[VA] x	[WA] x	[WV] x	[WI] x	[WY] x	[PR]
	me (Last			idual)								
VSR F Busine	nancial :	Services sidence A	ddress (I	Number a	and Stree	t, City, Sta S 66210	ate, Zip C	ode)				
VSR F Busine 8620 V	nancial s	Services sidence A street, Su	ddress (I	Number a	and Stree d Park, K	t, City, Sta S 66210	ate, Zip C	ode)				
Busine 8620 V	ss or Res /. 110 th S	Services sidence A treet, Su ated Brok	ddress (I lite 200, ker or Dea	Number a Overlanc aler	d Park, K	S 66210	ate, Zip C					
Busine 8620 V Name	ss or Res V. 110 th S of Association	Services Sidence A Street, Su ated Broke	ddress (I uite 200, ker or Dec	Number a Overland aler s Solicite	d Park, K	S 66210				[x]] All State	s
Busine 8620 V Name States	ss or Res V. 110 th S of Association	Services Sidence A Street, Su ated Broke	ddress (I uite 200, ker or Dec	Number a Overland aler s Solicite	d Park, K	S 66210			(FL)	[x]] All State [HI]	s [ID]
Busine 8620 V Name States (Check	ss or Res 1. 110 th S of Association Which "All State	Services sidence A street, Su ated Broke Person L es" or che	ddress (I nite 200, ker or Dec Listed Haseck indivi	Number a Overland aler s Solicite dual Stat	d or Intenes)	s 66210	cit Purcha	asers	(FL) [MI]	- '	-	
WSR F Busine 8620 V Name States (Check	ss or Res 7. 110 th S of Association Which "All State [AK]	sidence A street, Su ated Brok Person L es" or che	address (I lite 200, ker or Dea listed Haseck indivi	Number a Overland aler s Solicite dual Stat	d or Intenses)	s 66210 ds to Soli [CT]	cit Purcha	asers [DC]		[GA]	[HI]	[ID]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify Tenant in Common Interest).	\$ <u>4,951,581.00</u>	\$
Total	\$ <u>5,951,581.00</u>	\$ <u>0</u>
Anguar also in Annondiy Column 3, if filing under HI OF		

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Number

Aggregate

	Investors	Dollar Amo	
Accredited Investors	0		
Non-accredited Investors	<u>o</u>	\$ <u>0 </u>	
Total (for filings under Rule 504 only)		-♥ \$0	
Answer also in Appendix, Column 4, if filing under ULOE.		_ 4 0	
3. If this filing is for an offering under $\underline{\text{Rule } 504}$ or $\underline{505}$, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
	*	Dollar Amo	ount
Type of offering	Type of Security	Sold	
Rule 505		_\$	
Regulation A		\$	
Rufe 504		\$	
Total		\$ <u>0</u>	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees		[X] \$ <u>{</u> [X] \$ <u>4</u>	3,000.00 40,000.00
Sales Commissions (specify finders' fees separately)			396,126.00
Other Expenses (identify) Marketing, Wholesaling, and Organizational Expense Total	<u>s</u>	[X] \$2	254,795.00 693,921.00
 b. Enter the difference between the aggregate offering price given in response to Part C expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propo to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the paymer listed must equal the adjusted gross proceeds to the issuer set forth in response to Part Question 4.b above. 	gross proceeds to sed		<u>4,257,660.00</u>
	Payments to	•	
	Officers, Directors, & Affiliates	C	Payments To Others
Salaries and fees	[]\$]\$
Purchase of real estate	[X] \$ <u>160,664</u>	<u>، ۱.۵۰</u> ا	X] \$ <u>3,739,669,00</u>
Purchase, rental or leasing and installation of machinery and equipment	[]\$	(] \$
Construction or leasing of plant buildings and facilities	[]\$	[] \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in		_	-
exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	ι] \$
Repayment of indebtedness	[]\$] \$
Working capital	[]\$	(] \$
Other (specify): Accountable Reserves	[]\$ []\$	[X] \$ <u>276,995.00</u> X] \$ <u>25,000.00</u>
Acquisition Related Expenses	[]\$	С	X] \$ <u>55,332.00</u>
Due Diligence Analysis			
Column Totals	[X] \$ <u>160,664</u>	<u>,.uu</u> [/	X]\$ <u>4,096,996.00</u>

	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by the of its staff, the information furnished by the issuer to	e issuer to furnish to the U.S. Securities	s and Exchange Com	mission, upon written request
Issuer (Print or Type) DBSI Kettering Road LLC, an Idaho LLC	Signature Chez	Date 9/4/07	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		1
By DBSI Housing, Inc. , its member	Adam Cleary, its Authorized F	Representative	
	ATTENTION		
Intentional misstatements or or	nissions of fact constitute federal cr 1001.)	iminal violations. (S	ee 18 U.S.C.

	E 0747E 010	NATURE		
	E. STATE SIG	NATURE		
1. Is any party described in 17 CFR 230.262 presently strule?		•	on provisions of such	Yes No [] [X]"
See Ap	pendix, Column 5,	for state resp	onse.	
2. The undersigned issuer hereby undertakes to furnish (17 CFR 239,500) at such times as required by state law		nistrator of any	state in which this noti	ce is filed, a notice on Form D
3. The undersigned issuer hereby undertakes to furnish offerees.	to the state admin	istrators, upon	written request, inform	nation furnished by the issuer
4. The undersigned issuer represents that the issuer is fat Offering Exemption (ULOE) of the state in which this not has the burden of establishing that these conditions have	tice is filed and und			
The issuer has read this notification and knows the conte undersigned duly authorized person.	ents to be true and	i has duly caus	sed this notice to be sig	ned on its behalf by the
Issuer (Print or Type)	Signature		Date	
DBSI Kettering Road LLC, an Idaho LLC	ada	Clean	9/4/07	1
Name of Signer (Print or Type)	Title (Print or T	уре)	•	•
By DBSI Housing, Inc., its member	Adam Cleary,	its Authorized	Representative	



Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.